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A PROVINCE A TOTAL OF THE STATE							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			CONFIRMATION NO.		
09/741,665 TITLE OF INVENTION	12/18/2000 I: BLIND-SUPPLY OPF	EN COMMERCE BUSIN	William B. Douglas IESS SYSTEM		ESSEN	NT.01USU1	7055	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TO	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0		\$1440	03/12/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
DUNHAM, JASON B		3625	705-026000					
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	ND RESIDENCE DATA ess an assignee is identi h in 37 CFR 3.11. Comp	'Indication form ed. Use of a Customer A TO BE PRINTED ON T	or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be p FHE PATENT (print or typ data will appear on the pa T a substitute for filing an a	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. IE PATENT (print or type) ata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. B) RESIDENCE: (CITY and STATE OR COUNTRY)				
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la. The following fee(s) a \[\frac{\text{\tiny{\text{\tinx{\text{\tinx{\tint{\text{\text{\tinit}\text{\text{\text{\text{\text{\tinx{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\texict{\text{\texi}\text{\text{\texit{\text{\texit{\texit{\texict{\texi}\text{\texi}\tint{\tinithtt{\text{\texi{\texit{\texi{\texi{\texi{\texi{\texi}	o small entity discount p	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501491 (enclose an extra copy of this form). 						
A Applicant claims	tus (from status indicated s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	er claiming SMALL	ENTITY	status. See 37 CFR	1.27(g)(2).	
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Typed or printed name		. Cochran		Registration No.		26,652		
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